



STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

(petitioner)
(petitioner's address)

DECISION

MDV-43/46594

PRELIMINARY RECITALS

Pursuant to a petition filed October 27, 2000, under Wis. Stat. §49.45(5) and Wis. Adm. Code §HA 3.03(1), to review a decision by the Oneida County Dept. of Social Services in regard to Medical Assistance, a hearing was held on December 13, 2000, at Rhinelander, Wisconsin.

There is no issue because this matter is settled.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

(petitioner)
(petitioner's address)

Wisconsin Department of Health and Family Services
Division of Health Care Financing
1 West Wilson Street, Room 250
P.O. Box 309
Madison, WI 53707-0309

By: Loretta Rolaine, ESS
Oneida County Dept Of Social Services
Oneida Avenue
PO Box 400
Rhinelander, WI 54501

EXAMINER:

Michael D. O'Brien
Administrative Law Judge
Division of Hearings and Appeals

FINDINGS OF FACT

1. The petitioner (SSN xxx-xx-xxxx, CARES #xxxxxxxxxx) is a resident of Oneida County.

DISCUSSION

The county agency alleged that the petitioner divested funds by declining to exercise her right to claim money from her late husband. At the hearing, the petitioner's attorney submitted a stipulation signed by the attorneys for the petitioner and the county that stated that she will deemed to have received \$24,000 from her husband's estate as of January 2, 2001. This stipulation disposes of the matter.

CONCLUSIONS OF LAW

There is no issue for determination.

NOW, THEREFORE, it is **ORDERED**

That the petition herein be and the same hereby is dismissed.

REQUEST FOR A NEW HEARING

This is a final fair hearing decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a new hearing. You may also ask for a new hearing if you have found new evidence which would change the decision. To ask for a new hearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875.

Send a copy of your request to the other people named in this decision as "PARTIES IN INTEREST."

Your request must explain what mistake the examiner made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

Your request for a new hearing must be received no later than twenty (20) days after the date of this decision. Late requests cannot be granted. The process for asking for a new hearing is in sec. 227.49 of the state statutes. A copy of the statutes can found at your local library or courthouse.

APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed no more than thirty (30) days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

Appeals for benefits concerning Medical Assistance (MA) must be served on Department of Health and Family Services, P.O. Box 7850, Madison, WI, 53707-7850, as respondent.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for Court appeals is in sec. 227.53 of the statutes.

Given under my hand at the City of
Madison, Wisconsin, this _____ day
of _____, 2001.

Michael D. O'Brien

Administrative Law Judge
Division of Hearings and Appeals
126/MDO

cc: ONEIDA COUNTY DEPT OF SOCIAL SERVICES
DHFS - Susan Wood

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